



Maine Center for Disease  
Control and Prevention

An Office of the  
Department of Health and Human Services

Department of Health and Human Services  
Maine Center for Disease Control and Prevention  
286 Water Street  
# 11 State House Station  
Augusta, Maine 04333-0011  
Tel: (207) 287-5672  
Fax: (207) 287-4172; TTY: 1-800-606-0215

## SUBSURFACE WASTEWATER DISPOSAL SYSTEM VARIANCE REQUEST

This form must accompany an application (HHE-200 Form) for any subsurface wastewater disposal system which requires a variance to provisions of the Subsurface Wastewater Disposal Rules. The Local Plumbing Inspector must not issue a permit for the installation of a subsurface wastewater disposal system requiring a variance from the Department of Health and Human Services until approval has been received from the Department.

### GENERAL INFORMATION

Town of LAMOINE

Property Owner's Name: LARRY & CAMILLE UPSON Tel. No.: 664-2400

System's Location: 139 NORTH ROAD, LAMOINE, ME

Property Owner's Address: \_\_\_\_\_ Zip Code 04605

e-mail address: \_\_\_\_\_

The subsurface wastewater disposal system design for the subject property requires a ☐ replacement system variance ☐ first time system variance to the Subsurface Wastewater Disposal Rules. This variance requires ☐ local approval ☐ local and state approval.

### SPECIFIC VARIANCE REQUESTED (To be filled in by Site Evaluator. Use additional sheets if needed.)

	TABLE	SECTION OF RULE
1. <u>SETBACK FROM OWNERS WELL</u>		<u>8A 74'</u>
2. <u>" " " NO FULL BASEMENT</u>		<u>10'</u>
3. _____		

### SITE EVALUATOR

When a property is found to be unsuitable for subsurface wastewater disposal by a licensed Site Evaluator, the Evaluator shall so inform the property owner. If the property owner, after exploring all other alternatives, wishes to request a variance to the Rules, and the Evaluator in his professional opinion feels the variance request is justified and the site limitations can be overcome, he shall document the soil and site conditions on the Application. The Evaluator shall list the specific variances necessary plus describe below the proposed system design and function. The Evaluator shall further describe how the specific site limitations are to be overcome, and provide any other support documentation as required prior to consideration by the Department. Attach a separate sheet if necessary.

CAN NOT EXPAND TO SITE DUE TO UNDERGROUND POWER  
REQUIRE WELL SETBACK FROM 80' TO 74'

I, JOE BROCHU, S.E., certify that a variance to the Rules is necessary since a system cannot be installed which will completely satisfy all the Rule requirements. In my judgment, the proposed system design on the attached Application is the best alternative available, enhances the potential of the site for subsurface wastewater disposal; and that the system should function properly.

JOE BROCHU  
SIGNATURE OF SITE EVALUATOR

8-7-17  
DATE

### PROPERTY OWNER

CAMILLE UPSON LARRY UPSON, am the ☒ owner ☐ agent for the owner of the subject property. I understand that the installation on the Application is not in total compliance with the Rules. Should the proposed system malfunction, I release all concerned provided they have performed their duties in a reasonable and proper manner, and I will promptly notify the Local Plumbing Inspector and make any corrections required by the Rules. By signing the variance request form, I acknowledge permission for representatives of the Department to enter onto the property to perform such duties as may be necessary to evaluate the variance request.

CAMILLE UPSON LARRY UPSON  
☒ SIGNATURE OF OWNER  
☐ AGENT FOR THE OWNER

8-7-17  
DATE



**LOCAL PLUMBING INSPECTOR - Approval at local level**

The local plumbing inspector shall review all variance requests prior to rendering a decision.

I, Michael Jordan, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system ( ☐ does ☒ does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I ( ☒ do ☐ do not) approve the requested variance. I ( ☒ will ☐ will not) issue a permit for the system's installation as proposed by the application.

[Signature]  
LPI Signature

8/8/17  
Date

**LOCAL PLUMBING INSPECTOR - Referral to the Department**

The local plumbing inspector shall review all variance requests prior to forwarding to the Division of Environmental Health.

I, \_\_\_\_\_, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system ( ☐ does ☐ does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I ( ☐ do ☐ do not) recommend the issuance of a permit for the system's installation as proposed by the application.

\_\_\_\_\_  
LPI Signature

\_\_\_\_\_  
Date

**FOR USE BY THE DEPARTMENT ONLY**

The Department has reviewed the variance(s) and ( ☐ does ☐ does not) give its approval. Any additional requirements, recommendations, or reasons for the Variance denial, are given in the attached letter.

\_\_\_\_\_  
SIGNATURE OF THE DEPARTMENT

\_\_\_\_\_  
DATE

Notes: 1. Variances for soil conditions may be approved at the local level as long as the total point assessment is at least the minimum allowed. (See Section 7.B.4 of the Subsurface Wastewater Disposal Rules for Municipal Review.)

2. Variances for other than soil conditions or soil conditions beyond the limit of the LPI's authority are to be submitted to the Department for review. (See Section 7.B.3 for Department Review.) The LPI's signature is required on these variance requests prior to sending them to the Department.

**SOIL, SITE AND ENGINEERING FACTORS FOR FIRST TIME SYSTEM VARIANCE ASSESSMENT  
WITH LIMITING SOIL DRAINAGE CONDITIONS (SEE TABLES 7C THROUGH 7M).**

	CHARACTERISTIC	POINT ASSESSMENT
Soil Profile		
Depth to Groundwater/Restrictive Layer		
Terrain		
Size of Property		
Waterbody Setback		
Water Supply		
Type of Development		
Disposal Area Adjustment		
Vertical Separation Distance		
Additional Treatment		
TOTAL POINT ASSESSMENT:		

Minimum Points (Check One): ☐ Outside Shoreland Zone-50 ☐ Inside Shoreland Zone-65 ☐ Subdivision-65



VARIANCE Fee \$20.00

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services  
Div of Environmental Health, 11 St  
(207) 287-2070 Fax: (207) 287-4172

PROPERTY LOCATION		>> CAUTION: LPI APPROVAL REQUIRED <<	
City, Town, or Plantation	Lamoine	Town/City	Lamoine
Street or Road	139 North Road	Permit #	1853
Subdivision, Lot #		Date Permit Issued	8/8/17
		Fee: \$	150.00
		Double Fee Charged	<input type="checkbox"/>
		L.P.I. #	1040
OWNER/APPLICANT INFORMATION		Local Plumbing Inspector Signature	
Name (last, first, MI)	Upson Larry	X Owner <input type="checkbox"/> Town <input type="checkbox"/> State <input type="checkbox"/>	
Mailing Address of	90 Mike Jordan	The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.	
Owner/Applicant			
Daytime Tel. #	664-2400	Municipal Tax Map #	14
		Lot #	134A
OWNER OR APPLICANT STATEMENT		CAUTION: INSPECTION REQUIRED	
I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit.		I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.	
Signature of Owner or Applicant _____ Date _____		(1st) date approved _____	
		Local Plumbing Inspector Signature _____ (2nd) date approved _____	

## PERMIT INFORMATION

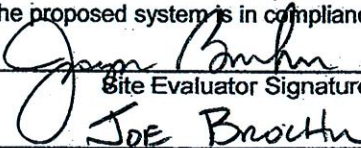
<b>TYPE OF APPLICATION</b> <input type="checkbox"/> 1. First Time System <input type="checkbox"/> 2. Replacement System Type replaced: _____ Year installed: _____ <input checked="" type="checkbox"/> 3. Expanded System <input checked="" type="checkbox"/> a. <25% Expansion 33% <input type="checkbox"/> b. >25% Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	<b>THIS APPLICATION REQUIRES</b> <input type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input checked="" type="checkbox"/> 3. Replacement System Variance <input checked="" type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	<b>DISPOSAL SYSTEM COMPONENTS</b> <input type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt. toilet) <input type="checkbox"/> 3. Alternative Toilet, specify: _____ <input type="checkbox"/> 4. Non-engineered Treatment Tank (only) <input type="checkbox"/> 5. Holding Tank, _____ gallons <input checked="" type="checkbox"/> 6. Non-engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pre-treatment, specify: _____ <input type="checkbox"/> 12. Miscellaneous Components
<b>SIZE OF PROPERTY</b> 1.3 <input type="checkbox"/> SQ. FT. <input checked="" type="checkbox"/> ACRES	<b>DISPOSAL SYSTEM TO SERVE</b> <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: 4 <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 3. Other: _____ (specify) Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	<b>TYPE OF WATER SUPPLY</b> <input checked="" type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other

## DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<b>TREATMENT TANK</b> <input type="checkbox"/> 1. Concrete <input type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY: _____ GAL.	<b>DISPOSAL FIELD TYPE &amp; SIZE</b> <input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input type="checkbox"/> 3. Proprietary Device <input checked="" type="checkbox"/> a. cluster array <input type="checkbox"/> c. Linear <input type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: (6 EDGE) SWAMP SIZE: 300 <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	<b>GARBAGE DISPOSAL UNIT</b> <input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes or Maybe, specify one below: <input type="checkbox"/> a. multi-compartment tank <input type="checkbox"/> b. _____ tanks in series <input type="checkbox"/> c. increase in tank capacity <input type="checkbox"/> d. Filter on Tank Outlet	<b>DESIGN FLOW</b> EXPAND 90 gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities: 270 EXISTING + 90 = 360 <input type="checkbox"/> 3. Section 4G (meter readings). ATTACH WATER METER DATA
<b>SOIL DATA &amp; DESIGN CLASS</b> PROFILE CONDITION 7.1 C at Observation Hole # _____ Depth 15" of Most Limiting Soil Factor	<b>DISPOSAL FIELD SIZING</b> <input type="checkbox"/> 1. Medium—2.6 sq. ft. / gpd <input checked="" type="checkbox"/> 2. Medium—Large 3.3 sq. ft. / gpd <input type="checkbox"/> 3. Large—4.1 sq. ft. / gpd <input type="checkbox"/> 4. Extra Large—5.0 sq. ft. / gpd	<b>EFFLUENT/EJECTOR PUMP</b> <input checked="" type="checkbox"/> Not Required <input type="checkbox"/> May Be Required <input type="checkbox"/> Required Specify only for engineered systems: DOSE: _____ gallons	<b>LATITUDE AND LONGITUDE</b> at center of disposal area Lat: 44 d 27 m 42 s Lon: 68 d 17 m 25 s if g.p.s., state margin of error: 6 METERS

## SITE EVALUATOR STATEMENT

I certify that on 8-3-17 (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

 Site Evaluator Signature	227 SE #	8-6-17 Date
Joe Brouth Site Evaluator Name Printed	667-5025 Telephone Number	_____ E-mail Address

Note : Changes to or deviations from the design should be confirmed with the Site Evaluator.



# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Health & Human Services  
Division of Environmental Health  
(207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

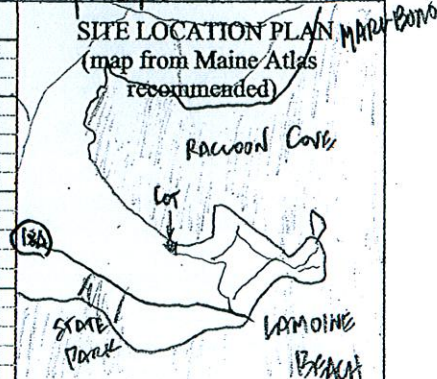
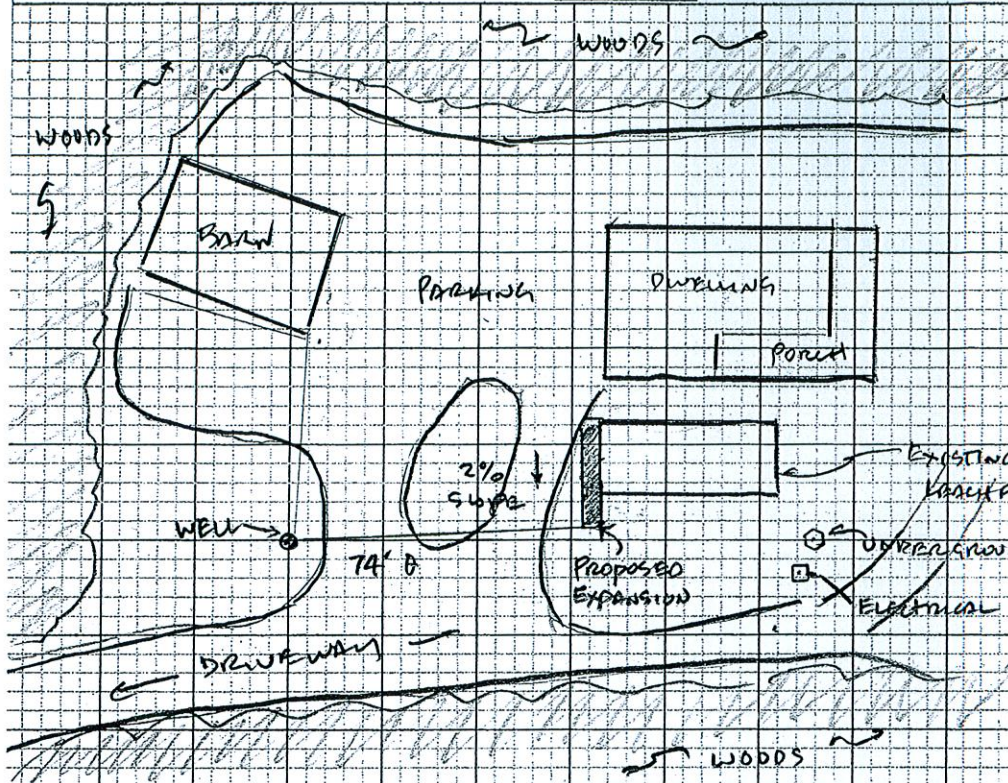
LAMOINE

139 NORTH ROAD

LARRY UPSON

SITE PLAN

Scale 1" = 50' ft. or as shown



## SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)

Observation Hole ☐ Test Pit ☐ Boring  
" Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
0			
10			
20			
30			
40			
50			

SEE DETAILS  
AD HHE-200  
A EQUESTON 11/12/87

Observation Hole ☐ Test Pit ☐ Boring  
" Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
0			
10			
20			
30			
40			
50			

Soil Classification  
7 C  
Profile Condition

Slope  
2 %

Limiting Factor  
15 "

☐ Ground Water  
☐ Restrictive Layer  
☐ Bedrock  
☐ Pit Depth

Soil Classification  
Profile Condition

Slope  
%

Limiting Factor  
"

☐ Ground Water  
☐ Restrictive Layer  
☐ Bedrock  
☐ Pit Depth

*James Bunker*  
Site Evaluator Signature

227  
SE #

8-6-17  
Date

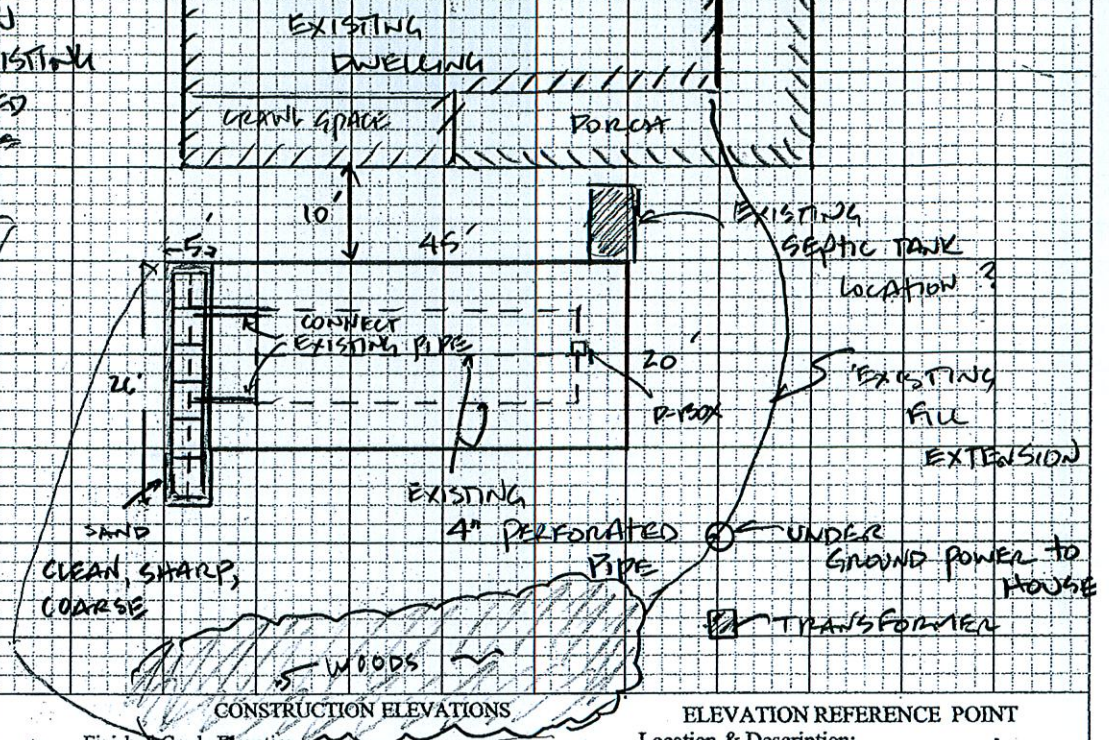


Department of Health & Human Services  
Division of Environmental Health  
(207) 287-5672 Fax: (207) 287-3165

Owner's Name

Larry Verson

SCALE: 1" = 20' FT.



CONSTRUCTION ELEVATIONS

~~Finished Grade Elevation~~

Top of Distribution Pipe or Proprietary Device  
Bottom of Disposal Area

ELEVATION REFERENCE POINT

**Location & Description:**

Reference Elevation: USE ELEVATION  
EXISTING PERFORATED

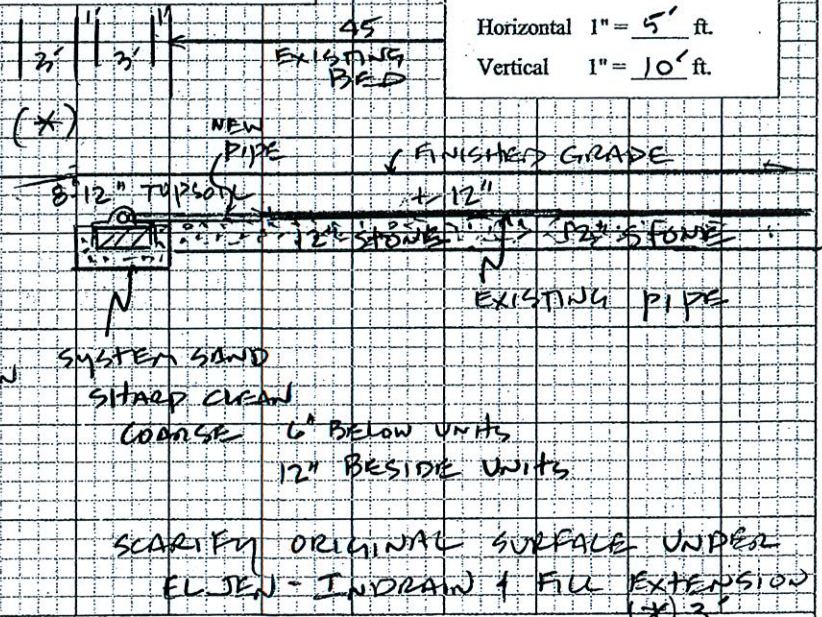
### DISPOSAL AREA CROSS SECTION

Scale

Horizontal 1" = 5' ft.

Vertical 1" = 10' ft.

- 1) ASCERTAIN PRECISE LOCATION OF EDGE OF PRO (STONE).
- 2) LOCATE 4" PERFORATED PIPE 5' FROM EDGE OF STONE
- 3) "TEE" C PIPE CORNERS TO EXTEND TO ELSEN IN DRAIN 4" PERFORATED PIPE
- 4) PROTECT (\*) 3' BEYOND ELSEN FROM VEHICULAR TRAFFIC



Date \_\_\_\_\_



# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering  
(207) 289-3826

PROPERTY ADDRESS	
Town Or Plantation	Lamoine
Street	Meadow Point #59
Subdivision Lot #	
PROPERTY OWNERS NAME	
Last: Upson	First: C
Applicant Name:	Key Rd
Mailing Address of Owner/Applicant (If Different)	Berwick ME 03901

**Caution: Permit Required**

The Subsurface Wastewater Disposal System shall not be installed until a Permit is attached here by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.

**Owner/Applicant Statement**

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.

Signature of Owner/Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Caution: Inspection Required**

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.

Local Plumbing Inspector Signature \_\_\_\_\_ Date Approved \_\_\_\_\_

PERMIT INFORMATION		
<b>THIS APPLICATION IS FOR:</b> <input checked="" type="checkbox"/> NEW SYSTEM 2. <input type="checkbox"/> REPLACEMENT SYSTEM 3. <input type="checkbox"/> EXPANDED SYSTEM 4. <input type="checkbox"/> SEASONAL CONVERSION 5. <input type="checkbox"/> EXPERIMENTAL SYSTEM	<b>THIS APPLICATION REQUIRES:</b> <input checked="" type="checkbox"/> NO RULE VARIANCE REQUIRED 2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form 3. <input type="checkbox"/> Requires only Local Plumbing Inspector Approval 4. <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval	<b>INSTALLATION IS COMPLETE SYSTEM</b> <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM 2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) 3. <input type="checkbox"/> ENGINEERED (+2000 gpd) <b>INDIVIDUALLY INSTALLED COMPONENTS:</b> 4. <input type="checkbox"/> TREATMENT TANK (ONLY) 5. <input type="checkbox"/> HOLDING TANK 6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY) 7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY) 8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY) 9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM
<b>IF REPLACEMENT SYSTEM:</b> YEAR FAILING SYSTEM INSTALLED _____ THE FAILING SYSTEM IS: 1. <input type="checkbox"/> BED      3. <input type="checkbox"/> TRENCH 2. <input type="checkbox"/> CHAMBER      4. <input type="checkbox"/> OTHER: _____	<b>DISPOSAL SYSTEM TO SERVE:</b> <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER _____ SPECIFY _____	<b>TYPE OF WATER SUPPLY</b> drilled well proposed
<b>SIZE OF PROPERTY</b> 1.3±A	<b>ZONING</b> shore	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
<b>TREATMENT TANK</b> <input checked="" type="checkbox"/> SEPTIC <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> AEROBIC SIZE: 1000 GALS.	<b>WATER CONSERVATION</b> <input checked="" type="checkbox"/> NONE 2. <input type="checkbox"/> LOW VOLUME TOILET 3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM 4. <input type="checkbox"/> ALTERNATIVE TOILET SPECIFY: _____	<b>PUMPING</b> <input type="checkbox"/> NOT REQUIRED <input checked="" type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION) <input type="checkbox"/> REQUIRED DOSE: 50 GALS.	<b>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</b> 3 bedroom cottage Min design DESIGN FLOW: 270 (GALLONS/DAY)
<b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b> PROFILE: 7      CONDITION: C DEPTH TO LIMITING FACTOR: 15	<b>SIZE RATINGS USED FOR DESIGN PURPOSES</b> 1. <input type="checkbox"/> SMALL 2. <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> MEDIUM-LARGE 4. <input type="checkbox"/> LARGE 5. <input type="checkbox"/> EXTRA LARGE	<b>DISPOSAL AREA TYPE/SIZE</b> <input checked="" type="checkbox"/> BED 900 Sq. Ft. 2. <input type="checkbox"/> CHAMBER _____ Sq. Ft. <input type="checkbox"/> REGULAR <input type="checkbox"/> H-20 3. <input type="checkbox"/> TRENCH _____ Linear Ft. 4. <input type="checkbox"/> OTHER: _____	

**SITE EVALUATOR STATEMENT**

On 11 Nov 87 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

Site Evaluator or Professional Engineer's Signature \_\_\_\_\_ Date 12 Nov 87

Local Plumbing Inspector's Signature \_\_\_\_\_ Date \_\_\_\_\_

Page 1 of 3  
HSE-200 Rev. 4/83



# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health Engineering

town, City, Plantation

Street, Road, Subdivision

Owner Name

Lamaine

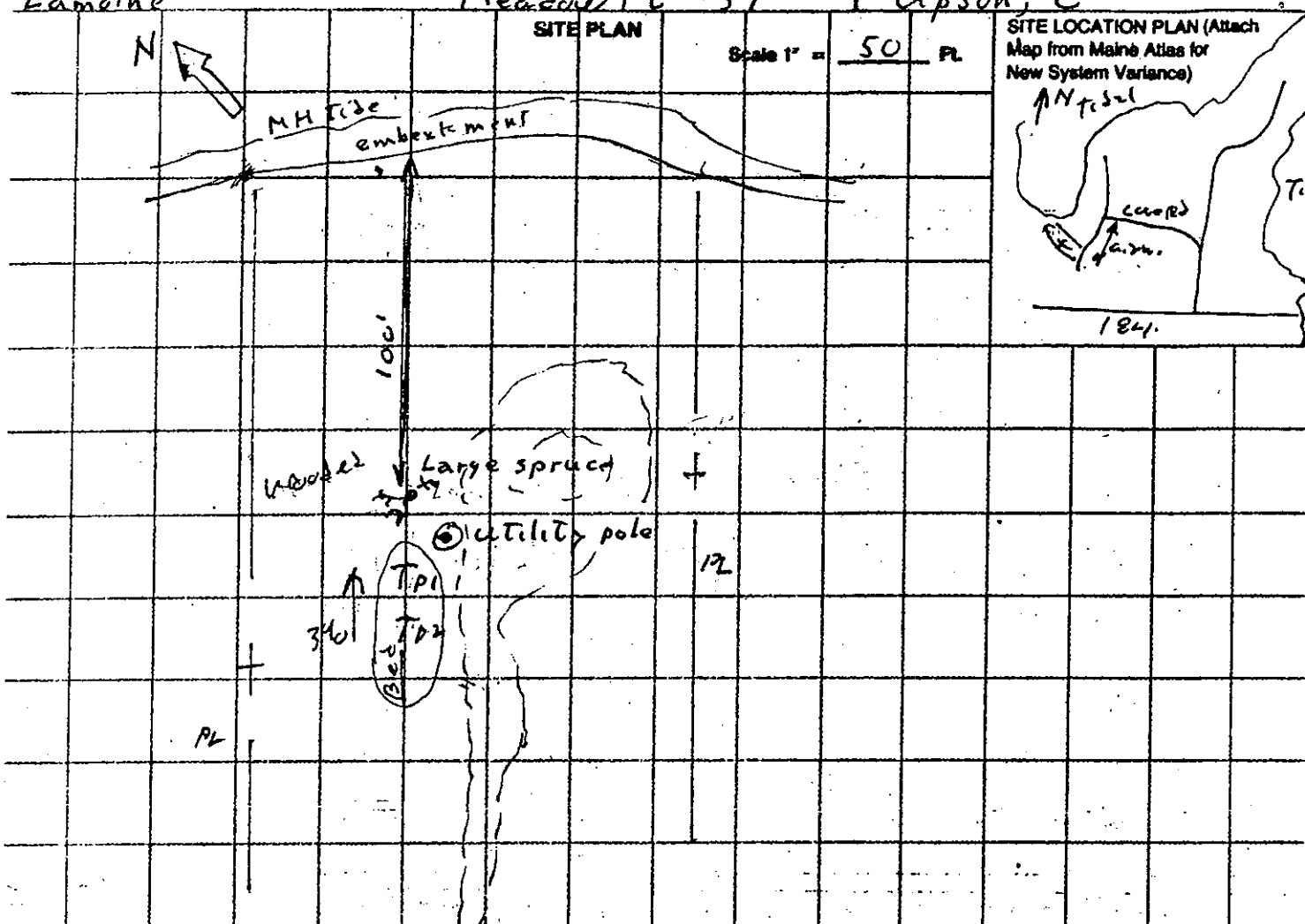
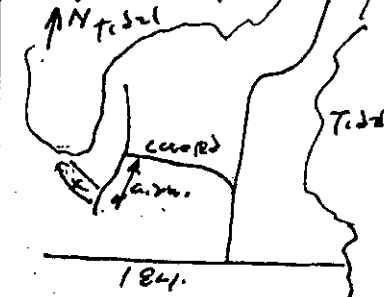
Meadow PT 459

Upton, C

## SITE PLAN

Scale 1" = 50' PL

SITE LOCATION PLAN (Attach Map from Maine Atlas for New System Variance)



## SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole 1 ☒ Test Pit ☐ Boring

14" Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
	loose	dk brn	
		Yel brn	None
sandy loam		Yel/gry	common
		gry	
silt loam	firm		

Soil Profile	Classification	Slope	Limiting Factor	<input checked="" type="checkbox"/> Ground Water	<input type="checkbox"/> Restrictive Layer	<input type="checkbox"/> Bedrock
7	C	3%	15			

Observation Hole 2 ☒ Test Pit ☐ Boring

14" Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
sandy loam	loose	dk brn	
		Yel brn	None
		Yel/gry	common
		gry	
silt loam	firm		

Soil Profile	Classification	Slope	Limiting Factor	<input checked="" type="checkbox"/> Ground Water	<input type="checkbox"/> Restrictive Layer	<input type="checkbox"/> Bedrock
7	C	3%	16			

AS [Signature]

78

12 Nov 97

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health Engineering

Owner: City/Plantation

Street, Road, Subdivision

Owner Name

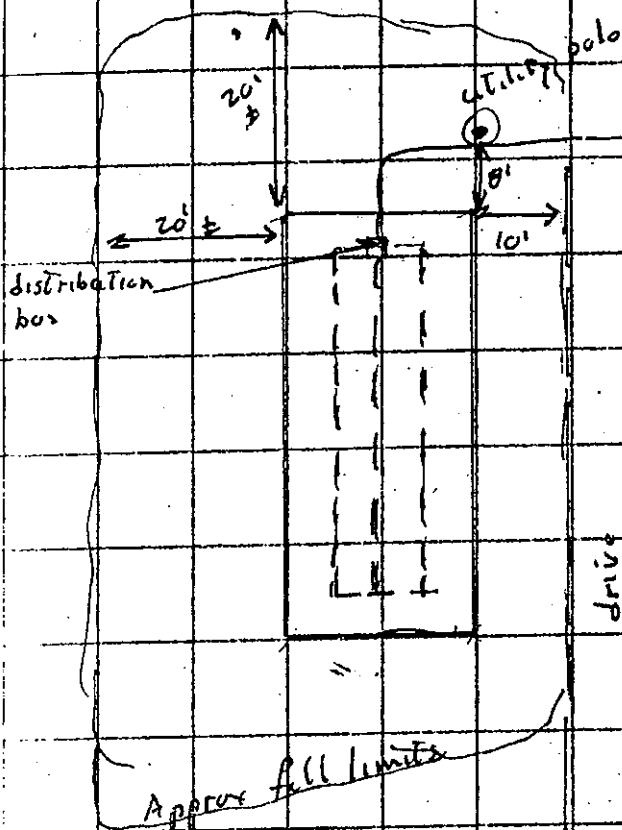
Lampine

Meadow, PL # 59

Upson, C

## SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' PL



Bed 20' x 45' with 3 distribution lines each 37' long. Install 5 ft apart in closed continuous network. Entry may be at either end.

No Home Loc spec Pres:

Min set backs: Home - Inlets = 8'  
Home - bed = 20'

### FILL REQUIREMENTS

Depth of Fill (Upslope)  
Depth of Fill (Downslope)

24"  
40"

### CONSTRUCTION ELEVATIONS

Reference Elevation is  
Bottom of Disposal Area  
Top of Distribution Lines or Chambers

0  
-48  
-36

### ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

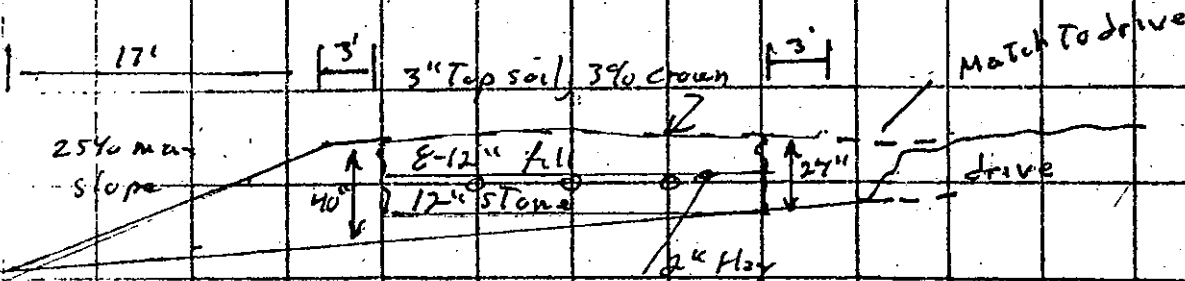
Nail in utility pole

### DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 inch = 5' PL  
Horizontal: 1 inch = 10' PL

Stone, 3/4" - 3"  
fill, sandy loam  
seed all areas.



Professional Engineer's Signature

78  
SE # PF #

12 Nov 87  
Date

Page 3 of 8  
HHE 200 5-1-100